

Patient Orientation Sheet

Patient Name: _____

Start Date: _____

Important Reminders

The following is a list of items that are **very important** to the care that you will be receiving. Please keep this form in a convenient place (your refrigerator or message board) so that you can review it periodically, before and after HBO₂ treatment. It will help you get the best care possible.

➤ **BEFORE HBOT**

• **REMOVE ALL- Alcohol or Petroleum base products:**

Deodorant	Hair Spray / Hair Oils	Aftershave Perfume
Ointments	Jewelry/Watches	Dentures
Makeup	Contact Lens (HARD)	Nail Polish
Lotions	Hearing Aids	Books / Tissue paper
Titanium Metals	Wig / Hairpieces	Electrical Equipment

• **NO Alcohol intake**

• **If DIABETIC**

- ✓ Eat and take insulin (or oral medication)
- ✓ Record and report blood sugar readings prior to each dive.
- ✓ It is very common for blood sugar to fall during treatment, please inform us of your current level.

➤ **AFTER HBO**

You may be fatigued—Take your rest periods!

- You may have ear popping, cracking and/or fullness—if it continues, notify us.

APPOINTMENTS

- Keep all appointments – if you must cancel give as much notice as possible
 - ✓ **320-347-1212.**
 - ✓ Leave a message if unable to speak to a staff member

Hours of Operation:

Monday thru Friday 0830 am to 5:00pm

- **Are you sick? Have a cold or flu? Call us**

*****In the event of an emergency please Call 911*****